# The role of community pharmacists in the delivery of diabetes care

## Short Title

Community pharmacists and diabetes care

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## Conflicts of interest

No conflicts of interest to declare.

## Introduction and Background:

Pharmacists make up the third largest group of healthcare professionals in the United Kingdom (UK) and are one of the most trusted professions worldwide alongside firefighters, nurses, teachers and doctors [1]. Pharmacists work across a variety of settings, although the majority (70%) are based in community pharmacies [2]. To date, community pharmacists are a largely untapped resource in the delivery of diabetes care. With the growing number of people living with diabetes and increasing demand on healthcare services, pharmacists are well situated to offer collaborative and complementary expertise, providing an additional strategy to current models of care.

## Strengths of community pharmacists

In many parts of the world, community pharmacies are the most accessible healthcare provider [3]. The majority of the UK population have a pharmacy within a 20-minute walk from their household, and this access is greatest in areas of highest deprivation - the “positive pharmacy care law” [4].

Pharmacies have longer working hours than many general practice (GP) surgeries or secondary care outpatient facilities. They are accessible without registration, and therefore offer a degree of anonymity, alongside a flexible, informal environment that is well accepted by the public.

The pharmacy workforce represents people from different cultural, religious and socio-economic backgrounds. This wealth of diversity potentially minimises language and cultural barriers that may otherwise be limiting an individual’s access to healthcare or ability to optimally self-manage their health condition(s).

Adults in England visit a pharmacy on average 16 times a year, and those with diabetes are known to visit their pharmacist three to eight times more often than people without diabetes [5]. This frequency of access means pharmacists are ideally placed to support these individuals.

Diabetes and its associated co-morbidities are an example of where individuals may benefit from the expertise and support of pharmacists in helping them to achieve the desired outcomes from their medicines, thereby making more efficient use of healthcare resources. Between 30% and 50% of the medicines prescribed for long term conditions are not taken correctly, and this is where pharmacy interventions have been of particular benefit [6].

At a time of austerity and limited healthcare resources, finding effective and efficient ways of delivering healthcare is paramount. Evidence has demonstrated that considerable cost savings can be achieved by increased delivery of clinical services in community pharmacy [7].

## Opportunities for community pharmacists in diabetes care

The frequent contact the public has with pharmacists is unique, and government policies are beginning to recognise the value of community pharmacists in supporting people with long-term conditions.

The management of diabetes is complex, relying on a number of self-care practices, all of which can be supported in the community pharmacy setting. With their increased availability, accessibility and a less formal environment, pharmacists offer a rapid point of contact for individuals when they may be most at need. They can notice ‘red flags’ such as acute foot problems, frequent hypoglycaemia, distress from the diabetes, and refer to appropriate services if required. Furthermore, pharmacists are in a valuable position to identify and address some of the underlying self-determinants or barriers that may be negatively impacting an individual’s ability to manage their condition in a broader sense.

## Community pharmacy interventions in diabetes

There is an expanding body of evidence supporting the role of community pharmacists in the delivery of diabetes care. Compared to diabetes interventions led by other healthcare professionals, those run by pharmacists have delivered at least comparable effectiveness in terms of lowering HbA1c, and improving cardiovascular risk factors, self-management and medication taking [8, 9]. Interventions have typically been face to face, incorporating a mixture of diabetes education and pharmaceutical care [9]. Positive outcomes were associated with goal setting and exploring the participant’s baseline knowledge and underlying health beliefs.

Although these initial findings are encouraging, the current literature demonstrates that there is a wide variation in the content and delivery of diabetes pharmacy interventions. The granularity of component parts of these complex interventions is often poorly described, making extrapolation to other settings challenging. Further work is needed to discern what works best.

## Barriers to community pharmacy

According to an independent review, three key barriers have limited the uptake of pharmacy delivered clinical services in England [10]. Firstly, there is poor integration with other parts of the NHS, largely a result of the limited capability of available digital platforms. Secondly, culture and behavioural issues exist in primary care around the role and identity of pharmacists. The public regard community pharmacy services as beneficial and doctors have a strong respect for pharmacists but under-recognise their skills and capabilities. Lastly, complex system designs including pharmacy contracts and commissioning routes are poorly understood. These factors have significantly slowed the mobilisation of the profession into evolving healthcare models.

## Conclusions and Summary

Pharmacists are ideally positioned to support and empower people with diabetes, helping them to maximise their healthcare potential. Community pharmacy interventions in diabetes and other long-term conditions have proven to be feasible, acceptable to those taking part, and capable of delivering improved health outcomes.

Due to their accessibility and flexibility, community pharmacies are well suited to support and reach out to those with diabetes, particularly those who may be most at need. The role of community pharmacists is expanding, but to be most effective and to gain public trust, their skillset and services need to be better appreciated.

Pharmacists offer a synergistic role in the support of those with diabetes, but measures need to be put in place to facilitate better communication and collaboration, both with other healthcare professionals and healthcare services, allowing them to become more fully integrated and equipped to facilitate a more responsive and flexible healthcare system.

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